For Office Use Only	\$90
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Establishment License Application

Iowa Department of Public Health/Bureau of Professional Licensure Iowa Board of Mortuary Science

NONREFUNDABLE \$90 LICENSE FEE MUST BE MAILED WITH THIS COMPLETED APPLICATION.

1. Funeral Home Establishment License.	Cremation Establishment License.		
2. Preparation Room On-Site Yes	□ No		
3.	4.		
Name of Funeral Establishment or Cremation Establishment	Telephone Number		
Owners Name	Alternate Telephone Number		
Corporation Name (if applicable)	E-mail Address (optional)		
(Physical) Address of Funeral Home or Cremation Establishment	Business Mailing Address (if different from the p	physical address)	
City State Zip	City State	Zip	
The following questions must be answered. If you answer explanation providing the details of the incident, (2) attach a recommendations, and (3) attach a copy of all official court doc disposition and/or settlement. You must answer "Yes" even when record. 5. Been convicted, found guilty of or entered a plea of guilty or a set of the convicted and set of the incident, (2) attach a recommendation and (3) attach a copy of all official court doc disposition and/or settlement. You must answer "Yes" even when record.	copy of any court ordered evaluations, show uments regarding your conviction/malpractice a conviction or judgment has been deferred or	ing completion and suit, including final	
Other than minor traffic violations with fines under \$500)?	no contest to a felony or misdemeanor crime	103	
	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you? Yes No		
7. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).			
8. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).			
9. Developed a medical condition which in any way impairs or li with reasonable skill and safety? (If you are currently a particular Committee, you may answer "NO" to this question.)		Yes No	
10. Been engaged in illegal or improper use of drugs or other che currently a participant in the Impaired Practitioner Review Commit	Yes No		
11. If this is a change of ownership or change of address, fill in the held by the previous owner or previous address.	name and license number of the funeral/cremat	ory establishment	
Establishment	License Number		

12. Check one of the following Sole Proprietorship	wing:	lity Company	☐ Pro	ofessional Corporation	
Partnership	Corporation p	provide name			
13. Name and Address of	individual(s) holding cont	rolling interest in	the corporation o	or business (If necessary	attach additional sheet)
Name	Title and Position with	Addres		City/Zip	*Social Security No.
	the Establishment			, 1	or If Corporation give
					Tax Payer ID #
14. Name and License Nur			e establishment.		tach additional sheet)
Nam	ne	License #		Name	License #
IC C	1				
If funeral directors are not arrangement the establishm					
arrangement the establishin	ent has with a functal dife	etor and provide	the name and nec	ense number of the fun	erar director.
I certify that I have careful penalty of perjury that my correct. If it is determine understand that my applications licensed.	answers, and all other standard at any time that I have	atements or infor provided mislea	mation submitted ding or false inf	d by me in this application on or in supplication on or in supplication.	ation process, are true and oport of this application, l
I understand that I am requested the time period the application. Chapter 22 and that applications submitting this application conjunction with this application.	ation is pending. I also u ication information is pu , I consent to any reasonab	inderstand that th blic information,	is application is subject to the	a public record in acceptions contained	cordance with Iowa Code, in Iowa law. Finally in
*This information is collect in license denial. Privacy § 666(a)(13) and Iowa Cod an internal means to accura 421.18.	Act Notice: Disclosure of le § 252J.8(1). The numb	of your Social Section of your Social Section of the section of th	urity Number on connection with	this license application the collection of child	on is required by 42 U.S.C. support obligations and as
15. Name of Responsible Aut	hority of Establishment	(please print)		Social Security Nu	mber
16.					
Signature of Responsible	Authority of Establishm	ent		Date	

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Revised 8/10/09

Instructions/Checklist for Establishment Licensure

requ	nired documents and fees reach the board office.
	The application fee is \$90. Make check or money order payable to the Iowa Board of Mortuary Science.
	Complete and sign the application
	If you answer "yes" to questions 5 through 10, (1) attach a signed letter of explanation, (2) provide the details of
the i	incident, including the court or legal documents related to each incident, and (3) include information on any treatment
prog	gram(s) you have attended. You must answer "YES" even when a conviction or judgment has been deferred or
expi	unged from your record.

To complete the application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure of an establishment. It is the applicant's responsibility to see that all

Online license verification

Once licensed you will be able to view and print your licensure status by following these five easy steps. The board office will mail a license certificate and wallet card to you via regular mail.

- 1. Go to www.licensediniowa.gov
- 2. Select "License Search".
- 3. Insert the licensee's name or license number.
- 4. Select the profession from the dropdown list. "Mortuary Science Establishment"
- 5. Select "Print" for a paper copy.

An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. **Mail the original completed application**, **not a photocopy to:**

Iowa Board of Mortuary Science
IDPH/Bureau of Professional Licensure
Lucas State Office Bldg., 5th Floor
321 E. 12th St.
Des Moines, Iowa 50319-0075

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www.idph.state.ia.us/licensure

For Office Use:	
License No:_	
Date Issued_	
Staff Initials_	

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